

IPDR6702		NORTH CAROLINA				PAGE: 1			
RUN DATE: 10/10/2004		IPRS CHECKWRITE SUMMARY REPORT							
		CHECKWRITE DATE: 10/12/2004							
		FINANCIAL PAYER: NCDMM							
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID	
3404901	SMOKY MOUNTAINM H/DD/SAS	8599	1952	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
		21	787	DUPLICATE OF CLAIM-SYSTEM	105	3104	3706	602	
		167	227	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM					
3404902	BLUE RIDGE COMM UNITY	0	0	*** NO DATA TO REPORT ***					
		0	0		0	0	0	0	
3404904	WESTERN HIGHLAN DS LME	21	93	DUPLICATE OF CLAIM-SYSTEM					
		8599	87	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	272	501	229	
		167	49	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM					
3404905	TREND COMM MENT AL HLTH CTR	0	0	*** NO DATA TO REPORT ***					
		0	0		0	0	0	0	
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***					
		0	0		0	0	0	0	
3404910	PATHWAYS	8517	103	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM					
		8529	61	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	211	1000	789	
		8599	23	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
3404912	CATAMBA COUNTYM ENTAL HEALT	8599	108	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
		8931	104	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	107	295	3347	3052	
		8000	66	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL					
3404913	MECKLENBURG COM ENTAL HEALT	21	3398	DUPLICATE OF CLAIM-SYSTEM					
		8933	1293	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	2657	9545	16228	6683	
		8599	1272	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOPS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404916	CROSSROADS BEHA VIGORAL HEAL	0	0	*** NO DATA TO REPORT ***				
		0	0			0	0	7 7
3404917	CENTERPOINT HUM AN SERVICES	8599	152	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		143	107	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	84	492	4460	3960
		8931	80	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404918	ROCKINGHAM CO M ENTAL HEALT	8517	76	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8599	70	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	8	190	1046	856
		21	18	DUPLICATE OF CLAIM-SYSTEM				
3404919	GUILFORD CO MEN TAL HEALTHC	8517	329	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8599	162	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	116	881	2733	1852
		8518	124	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404920	ALAMANCE CASWEL L AREA MH D	8517	140	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		0	0		0	140	140	0
3404921	ORANGE PERSON C HATHAM AREA	8329	797	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
		5312	754	PRIOR AUTHORIZED DOLLARS EXCEE DED	18	2397	4526	2129
		8599	333	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	11	184	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8329	136	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	449	1445	996
		8599	72	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	VGFN AREA AUTHO RITY	8599	80	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	28	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	153	2026	1872
		21	17	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404925	SANDHILLS CENTE	8599	563	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		120	295	CLIENT ID NUMBER MISSING OR IN	259	1780	9329	7549
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		23	206	SERVICE REQUIRES PRIOR APPROVA				
				L				
3404926	SOUTHEASTERN RE	8599	197	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		24	122	PROCEDURE CODE, PROCEDURE/MODI	89	784	5202	4418
				FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		5404	88	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404927	CUMBERLAND CO M	8505	1260	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8517	269	CLAIMS DENIED, SUBMITTED BEYON	0	1819	3169	1350
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8599	102	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/	8599	34	DETAIL NOT COVERED BY COMBINAT				
	DD/SAS			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8329	17	CLAIM DENIED ATTENDING PROVIDE	0	93	4942	4849
				R CANNOT BE THE SAME AS				
				THE LMA				
		21	14	DUPLICATE OF CLAIM-SYSTEM				
3404930	JOHNSTON COUNTY	8518	33	CLAIM DENIED, SUBMITTED BEYOND				
	MNVL WLTHC			FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		8517	20	CLAIMS DENIED, SUBMITTED BEYON	3	57	85	28
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404931	WAKE CO HUM SVC	8599	419	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	143	ASTNC INELIGIBLE TO RECEIVE SE	238	1120	4964	3844
				RVICES IN IPRS.				
		120	137	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	ILS CO MH C							
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT	8599	25	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8517	24	CLAIMS DENIED, SUBMITTED BEYON	22	151	2359	2208
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		11	23	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404934	ONSLow COUNTY B	8599	101	DETAIL NOT COVERED BY COMBINAT				
	EHAVIORAL H			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8526	20	ATTENDING PROVIDER NUMBER IS R	0	149	822	673
				EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
		11	9	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404936	WILSON-GREENE M	8621	43	60 RESIDENTIAL LEVEL III TREAT				
	ENTAL HEALT			MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8931	16	AMTNC INELIGIBLE TO RECEIVE SE	20	93	2878	2785
				RVICES IN IPRS.				
		8599	11	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404937	EDGEcombe NASH	8517	412	CLAIMS DENIED, SUBMITTED BEYON				
	MNTL HLTH C			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8000	31	NO RATE AVAILABLE ON FILE TO P	3	502	2916	2414
				RICE THIS CLAIM DETAIL				
		191	23	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404938	VGFW DBA RIVERS	8599	24	DETAIL NOT COVERED BY COMBINAT				
	TONE COUNSE			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		10	19	DIAGNOSIS OR SERVICE INVALID F	7	63	838	775
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
		5404	13	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404939	NEUSE MENTAL HE	8517	365	CLAIMS DENIED, SUBMITTED BEYON				
	ALTH CENTER			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8329	128	CLAIM DENIED ATTENDING PROVIDE	6	656	4829	4173
				R CANNOT BE THE SAME AS				
				THE LMA				
		8599	70	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404941	PITT CO MR/DD/S	8599	41	DETAIL NOT COVERED BY COMBINAT				
	AS CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		143	32	CLIENT ID NUMBER NOT ON STATE	9	178	1057	879
				ELIGIBILITY FILE				
		11	29	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404942	ROANOKE CHOWANH	8599	475	DETAIL NOT COVERED BY COMBINAT				
	UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8517	42	CLAIMS DENIED, SUBMITTED BEYON	24	552	3464	2912
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8932	10	CMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTAL HEALTH CE	21	102	DUPLICATE OF CLAIM-SYSTEM				
		8599	92	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	40	399	2799	2400
		537	53	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE				
3404944	EASTPOINTE HUMAN SERVICES	8517	240	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
		8599	143	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	112	640	4348	3708
		21	74	DUPLICATE OF CLAIM-SYSTEM				
3404946	FOOTHILLS AREA MENTAL HEALTH	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404957	TIDELAND MENTAL HEALTH CTR	537	75	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE				
		8329	31	CLAIM DENIED ATTENDING PROVIDER CANNOT BE THE SAME AS THE LMA	64	223	867	644
		8931	30	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404959	DAVIDSON COUNTY MENTAL HEALTH CT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREA MHC/SD/SA PRO	8517	888	CLAIMS DENIED, SUBMITTED BEYOND FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBMITTED				
		21	44	DUPLICATE OF CLAIM-SYSTEM	8	961	2043	1082
		8599	12	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				